

APPLICATION FOR RENEWAL OF LICENSE AS AN INSURANCE PREMIUM FINANCE COMPANY

To the Commissioner, Department of Insurance:

Application is hereby made for renewal of a license to operate an insurance premium finance company.

NAME of COMPANY _____

ADDRESS (as it appears on current license) _____

This is a renewal of License Number _____ for the year _____.

Since the filing of the application for the original license or since the renewal of the license, the following changes have taken place in regard to information furnished in response to the questions set out in Form PF-1:

1. Company name Yes _____ No _____ (If yes, attach exhibit)
2. Address Yes _____ No _____ (If yes, attach exhibit)
3. Type of Company Yes _____ No _____ (If yes, attach exhibit)
4. Any changes to Articles of Incorporation, articles of association for a partnership, limited partnership, organic document for formation of other firm?

 Yes _____ No _____ (If yes, attach exhibit)
5. Has the applicant engaged previously in the same or similar business?

 Yes _____ No _____ (If yes, attach exhibit)
6. Any change in control of Company?

 Yes _____ No _____ (If yes, attach exhibit)
7. If a partnership, any changes made?

 Yes _____ No _____ (If yes, attach exhibit)
8. If a corporation, any changes in shares of stock – authorized, outstanding, par value?
Any one person own 10% or more?

 Yes _____ No _____ (If yes, attach exhibit)

9. Attach current, certified financial statement (PF-4)

Yes _____ No _____ (If yes, attach exhibit)

10. Other types of business conducted at same address

Yes _____ No _____ (If yes, attach exhibit)

11. More than one place of business

Yes _____ No _____ (If yes, attach exhibit)

12. Has the company or any officer or director received a rejection, revocation or suspension of license from this State or any other state; been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other state; been found by the Commissioner of the Department of Insurance to have violated any of the provisions of the Kentucky Insurance Code or Regulations; been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? (Omit minor traffic offenses)

Yes _____ No _____ (If yes, attach exhibit)

VERIFICATION

COUNTY _____

STATE _____

I, _____, the undersigned, being the

_____ of the _____

_____ (Name of Company) swear, or (or affirm) subject to the penalties of perjury, that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements, if any, are true and complete.

(Signature of Officer)

(Title)

Subscribed and sworn to before me this _____ day of _____, _____

(Notary Public)

My Commission expires
